Instructions: Indicate hours performed by month chronologically or annually by type of duty performed. Use additional pages if needed. Must be submitted through channels to the S1, HQCACC NLT 01 June annually.  
  
Name: Rank:

Unit: Period Covered:

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| Date(s): | Total Hours: | Event Name: |
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I certify, to the best of my knowledge and belief, that all the information above is true, complete, and correct.

Signature: Date:

Brigade Advisor Certification: Date:

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